Public Records Request/Report "Streamlined" **Public Records** ✓ Child Care Center Requestor Name Inspection Reports ✓ Dairy Inspection Reports ✓ Drinking Water System City _____ State ____ Zip Code _____ Inspection Reports Telephone (____) _____ Fax (____) ____ ✓ Food Service Establishment Inspection Reports Records Requested — (Please provide clear, concise description with dates, if applicable. ✓ Lists of Attach a separate page if needed.) • Ambulance Services • Dairy Farms • Public Water Supplies • Radioactive Materials Handlers • Restaurants/Food Service \square Notify me if fee exceeds: \square \$10 \square \$25 \square \$50 Establishments Agency's Response — **Records Never Open** Date **To Public Access** Request Received By (Including, but not limited to —) Title _____ Location * Applications For Licensure **X** Complaints ☐ "Streamlined" Records Produced and Provided (Send open records white copy to Communications) * Personnel Files Fee For Access ___ **≭** Trade Secrets Fee Collected By ☐ Request Sent To Legal Staff By _____ Fees For Access To Public Records Legal Staff — Whenever possible, The Health Department supplies ☐ Request Approved By ______ (Send open records white copy to Communications) public records at little or no cost. ☐ Request Denied By _____ But the agency may charge Reason _____ reasonable fees as follows to cover (Send open records white copy to Communications) cost: \$.25 per page . . copies ☐ Records Produced And Provided By _____ Fee For Access \$10 per hour . . clerical assistance \$40 per hour . . technical or ☐ Requestor Informed By _____ professional assistance ☐ Fee Collected By _____ \$50 per hour . . automated records ☐ Fee Closed By _____ search Comments ____ All Requests Must Be Submitted In Writing To —

(Either on this form or letterhead stationery)

Office of Communications Mississippi State Department of Health Post Office Box 1700 Jackson, Mississippi 39215-1700 Telephone 601-576-7667 Fax 601-576-7517